

Office of the Vice President for Research Affairs

Request Form for Leave of Absence (LOA) During Research Phase

Student's Information

First Name:	Last Name:	
Program:	School:	
Nationality:	Passport Numb	er:
Date of entry to the program:	Student Numbe	er:
Hereby, I until until Reason for leave (Explain):		a leave of absence
Student's Signature:	D:	ate:
Dean of Department / School:	☐ Approved	□ Disapproved
Dean of Department / School: Name and Signature:		Disapproved Date:
-		Date:
Name and Signature: TUMS-IC VP for Research Affairs: Name and Signature:	Approved	Date: Disapproved Date:
Name and Signature: TUMS-IC VP for Research Affairs: Name and Signature: Note: In order to request for a LOA during their research.	Approved research phase, students mu	Date: Disapproved Date: st complete this form, sign it and
Name and Signature: TUMS-IC VP for Research Affairs: Name and Signature:	Approved research phase, students mu	Date: Disapproved Date: st complete this form, sign it and